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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

_	(a) Name of Condidate (in full)					
1.	(a) Name of Candidate (in full)					
	Shedd, Tiffany, , ,		and ifI-I			2 Candidatala FEC Idantiff - ti Niverb
	(b) Address (number and street) 111 W Florence Blvd Suite 7	□Cr	neck if addres	ss changed		Candidate's FEC Identification Number     H8AZ01237
	(c) City, State, and ZIP Code					3. Is This New Amended
	Casa Grande		AZ	8512	2	Statement (N) OR (A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate
	REPUBLICAN PARTY	House			AZ	01
	DE	SIGNATIO	N OF PRI	INCIPAL	CAMPAIGN	N COMMITTEE
7.	I hereby designate the following na	med political cor	nmittee as m	y Principal (	Campaign Comr	mittee for the $\frac{2020}{\text{(year of election)}}$ election(s).
	NOTE: This designation should be	iled with the app	oropriate offic	ce listed in th	ne instructions.	
	(a) Name of Committee (in full) TIFFANY SHEDD FOR CONGRESS COMMITTEE					
	(b) Address (number and street) 12122 S TOLTEC BUTTES R	D				
	(c) City, State, and ZIP Code					
	ELOY				AZ	85131-1206
8.	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.					
	NOTE: This designation should be	iled with the prir	ncipal campa	ign committe	ee.	
	(a) Name of Committee (in full) TAKE BACK THE HOUSE 2020					
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA				MD	20824-0844
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Sig	gnature of Candidate					Date
Sh	edd, Tiffany, , ,			[Elect	ronically Filed]	10/30/2020
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.					
					1 1	

FEC FORM 2 (REV. 02/2009)

BETHESDA

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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	<b>DESIGNATION OF OTHER AU</b> (Including Joint Fundraisir				
3.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full)				
	SLS VICTORY COMMITTEE				
	(b) Address (number and street) PO BOX 30844				
	(c) City, State, and ZIP Code				
	BETHESDA	MD	20824		
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  SHEDD FOR AZ-01				
	(b) Address (number and street) PO BOX 30844				
	(c) City, State, and ZIP Code				
	BETHESDA	MD	20824		
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  GT FARM TEAM III  (b) Address (number and street) PO BOX 30844 SUITE 401  (c) City, State, and ZIP Code BETHESDA				
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  GT FARM TEAM III  (b) Address (number and street) PO BOX 30844 SUITE 401				
	(c) City, State, and ZIP Code				

MD

20824

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	4

#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full)				
	SLS VICTORY COMMITTEE				
	(b) Address (number and street) PO BOX 30844				
	(c) City, State, and ZIP Code				
	BETHESDA	MD	20824		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa				
	(a) Name of Committee (in full) WINNING WOMEN VICTORY COMMITTEE 20	20			
	(b) Address (number and street) 228 S WASHINGTON ST				
	STE. 115				
	(c) City, State, and ZIP Code				
	ALEXANDRIA	VA	22314		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  GT FARM TEAM III  (b) Address (number and street)				
	PO BOX 30844 SUITE 401				
	(c) City, State, and ZIP Code				
	BETHESDA	MD	20824		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa				
(a) Name of Committee (in full)					
	SLS VICTORY COMMITTEE				
	(b) Address (number and street) PO BOX 30844				
	(c) City, State, and ZIP Code				
	BETHESDA	MD	20824		

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	WINNING WOMEN VICTORY COMM	WINNING WOMEN VICTORY COMMITTEE 2020					
	(b) Address (number and street) 228 S WASHINGTON ST STE. 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				
8.	•	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)						
	SHEDD VICTORY FUND						
	(b) Address (number and street) PO BOX 365						
	(c) City, State, and ZIP Code						
	MCLEAN	VA	22101				
8.	I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the pri  (a) Name of Committee (in full)  RECONNECTING URBAN AND RURA  (b) Address (number and street)	incipal campaign committe	e.	of my			
	` 228 S. WASHINGTON ST. ' STE. 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	(b) Address (number and street)						